

# Washington State

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Tobacco Prevention & Control

## **Tribal Facts**

## Commercial Tobacco Use

Commercial tobacco use is the single most preventable cause of disease and death in the United States, killing more than 430,000 people per year. Smoking results in more deaths each year than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined, and cost the Indian Health Service over \$200 million per year in medical services. Further, smoking contributes to the development and exacerbation of numerous diseases, including heart disease, stroke, lung cancer, and chronic lung diseases—all of which are leading causes of death for the AI/AN population (Trends, 1998-99).

Exposure to secondhand smoke and use of commercial tobacco products are both major causes of and contributors to a great number of health conditions, including cancer, heart disease, bronchitis, emphysema, asthma, infertility, early menopause, diabetes, osteoporosis, rheumatoid arthritis, gastrointestinal diseases, vision problems, stroke, and contribute significantly to the severity of colds and pneumonia. Tobacco addiction also severely impacts women's health, and smoking during pregnancy is associated with increased risk of miscarriage, preterm delivery, complications during pregnancy, stillbirth, infant death, developmental problems, and low birth weight in infants (SGR, 2001).

Tobacco use is the number one preventable cause of cancer, and twenty-one percent of all coronary heart disease deaths can be attributed to commercial tobacco use within the US population. Consequently, estimates predict that smoking costs the nation nearly \$75 billion annually in direct medical expenses and \$82 billion in lost productivity. This equates to \$3,391 per smoker per year for medical costs and lost productivity (or \$7.18 per pack of cigarettes sold) (JL Fellows *et al.*, 2002).

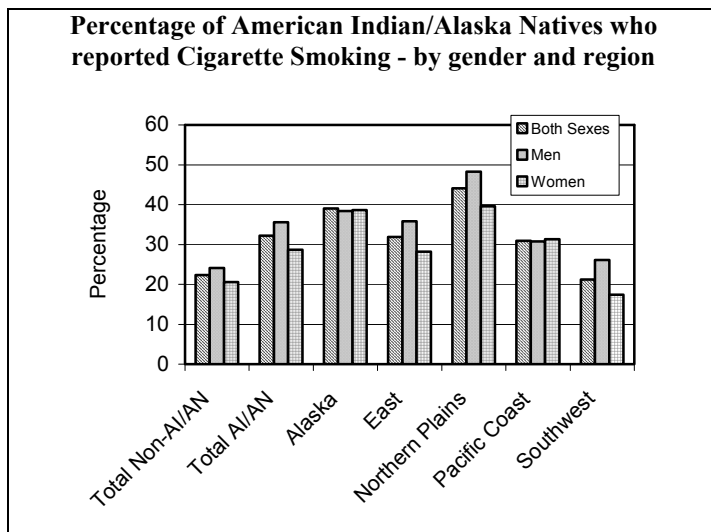
## Tobacco Use by American Indians and Alaska Natives Nationally

Nationally, AI/AN have the highest rates of commercial tobacco use for nearly every age, gender, and racial and ethnic category. In 2001, 33.5% of AI/AN men and 31.7% of AI/AN women reported current cigarette use (MMWR, Oct 2003). These figures represent a slight drop in prevalence documented for all groups during the previous reporting period. From 1997-2000, 35.6% of AI/AN men and 28.7% of AI/AN women smoked commercial tobacco products, compared with 24.1% of non-AI/AN men and 20.6% of non-AI/AN women (Denny, 2003).

Percentage of current smokers aged $\geq 18$ , National Health Interview Survey, United States, 2001			
Race/Ethnicity	Men	Women	Total
White, non-Hispanic	25.4%	22.8%	24.0%
Black, non-Hispanic	27.7%	17.9%	22.3%
Hispanic	21.6%	11.9%	16.7%
AI/AN	33.5%	31.7%	32.7%
Asian	18.5%	6.3%	12.4%

Among teens, AI/AN smoking prevalence rates also appear higher than other ethnic populations. Among AI/AN high school seniors, 41.1% of males and 39.4% of females are current smokers. These rates are significantly higher than rates reported for other ethnic groups, including Caucasians (males, 33.4%; females, 33.1%), Hispanics (males, 28.5%; females, 19.2%), Asian Americans and Pacific Islanders (males, 20.6%; females, 13.8%), and African Americans (males, 11.6%; females, 8.6 %) (MFS, 1998).

It is important to note, however, that national tobacco use rates may appear misleading. Smoking and consumption rates vary considerably between AI/AN communities by both region and state. In general, AI/AN smoking prevalence rates are highest in Alaska (39.0%) and the Northern Plains (44.1%) and lowest in the Southwest (21.2.0%). In the Pacific Coast, the prevalence of smoking is 30.8% for men and 31.3% for women (MMRW, Aug 2003).



Unfortunately, while smoking prevalence rates have declined for the total US population in recent years, similar trends have not been reported for the AI/AN population. BRFSS data from 1997 reported that 46.2% of AI/AN adults in Idaho, 27.4% of AI/AN adults in Oregon, and 36.3% of AI/AN adults in Washington were current smokers. These figures were substantially higher than the rates documented for the total population of each state (19.8%,

20.7%, and 23.7% for each state respectively) (MMWR, 2000).

## Tobacco Use among American Indians in Washington State

Current smoking among Native Americans and Alaskan Natives in Washington State is about 34.1 percent (29.9 percent for males and 39.1 percent for females) for 1998-2000 combined. This is in comparison to the state rate of 20.7 percent for 2000 (21.7 percent for males and 19.7 percent for females). Similarly, smokeless tobacco use among Native Americans is about double the state average. The number of women smoking during pregnancy is also higher than the state average (nearing 25%, with nearly 440 AI/AN children born annually to mothers who smoke during pregnancy (WA TPCP, 2003).

Among youth, smoking and smokeless tobacco rates for AI/AN adolescents remain higher than state averages for the total population at all grade levels, with a total of 4,500 AI/AN youth currently reporting cigarette use (WA TPCP, 2003). Four percent of AI/AN 6<sup>th</sup> graders reported smoking at least one cigarette in the past 30 days, 18% of 8<sup>th</sup> graders smoked at least one cigarette in the past 30 days, 31% in 10<sup>th</sup> grade, and 44% in 12<sup>th</sup> grade. Declines were reported for current smoking rates among AI/AN 6<sup>th</sup> and 8<sup>th</sup> graders, but no change was observed among older students (WA - 2003 American Indian Healthcare Delivery Plan).

### Health Impacts for Washington's Native Americans

Size of population in Washington	93,301
Percent of state population	1.6%
Adults who currently smoke	21,200
Adults who currently use smokeless tobacco	4,300
Youth who currently smoke	4,500
Youth who currently use smokeless tobacco	1,100
Number of infants born annually to mothers who smoke during pregnancy	440
ESTIMATED ANNUAL DEATHS DUE TO TOBACCO USE (19% of annual deaths)	100

Sources: Census 2000, BRFSS, WSSA4B Birth Certificate System

Although small in population size, the dramatic disparities in tobacco use for Native Americans in all age and gender groups result in comparatively large proportions of individuals being affected by tobacco use.

Percentage of adults who reported current cigarette smoking, by race or ethnicity and by state -- Behavioral Risk Factor Surveillance System, 1997 (MMWR, 2000) <sup>1</sup>				
	% (95% CI)			
	Total	AI/AN	White	Hispanic
Idaho	19.8 (18.3-21.2)	19.4 (17.9-20.9)	19.0 (12.2-25.8)	46.2 (32.6-59.8)
Oregon	20.7 (19.0-22.4)	20.0 (18.4-21.7)	26.3 (14.1-38.5)	27.4 (15.9-39.0)
Washington	23.7 (21.9-25.5)	23.7 (21.8-25.5)	21.4 (12.7-30.1)	36.3 (22.4-50.2)

It is estimated that 19% of the annual deaths for the AI/AN population in Washington is attributable to tobacco use, amounting to nearly 100 deaths per year (WA TPCP, 2003).

<sup>1</sup> Data includes people who ever smoked  $\geq$  100 cigarettes and current smokers.

## Preventing Commercial Tobacco Use among American Indians in the Pacific Northwest

Quitting commercial tobacco use is the single most important way communities can protect themselves from developing tobacco related diseases. The primary goals of our national tobacco control program is to prevent and reduce tobacco use, eliminate the public's exposure to secondhand smoke, and identify and eliminate disparities related to tobacco use and its effects among different population groups (Best Practices, 1999). This final goal is of particular interest to our NW tribes, as the State Health Departments for Oregon, Idaho, and Washington have all identified the AI/AN population as being disproportionately affected by tobacco abuse and related diseases.

According to the CDC, at the community level there are nine components of comprehensive tobacco control programs: community programs, chronic disease programs (e.g., heart disease prevention, cancer registries) to reduce the burden of tobacco-related disease, school programs, enforcement of existing policies, statewide programs, counter-marketing, cessation programs, surveillance and evaluation, and administration and management (Best Practices, 1999). Non-competitive funds are available to all federally recognized Tribes in Oregon, Washington and Idaho through each state's Tobacco Control Program, which can be used to carry out these activities.

For many American Indian tribes, the tobacco plant has been used for spiritual, ceremonial, and medicinal purposes goes back thousands of years. Most Indigenous nations have traditional stories explaining how tobacco was introduced to their communities, many of which emphasized the sacred properties of the plant, containing both the power to heal if used properly and the power to cause harm if used inappropriately. As a natural pesticide, tobacco was often used as a smudge to ward off pests, and by Medicine People to perform healings and blessings. It was used as a gift when welcoming guests to the community, and as an offering to those requested to pray or share wisdom (Pego *et al*, 1996). Medicinally, tobacco was used as an analgesic, alleviating childbirth pains, toothaches, headaches and earaches. It was also used for the treatment of a variety of other ailments, including asthma, cough, rheumatism, convulsions, and intestinal disorders (Pego *et al*, 1996). It was applied to snake bites and insect bites, and was used in the treatment of open wounds because of its presumed antiseptic qualities (Pego *et al*, 1996). Consequently, this historic and enduring relationship with sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control messages around the abuse of commercial tobacco products in AI/AN communities.

### Selected Findings

- The historic and enduring relationship with sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control messages around the abuse of commercial tobacco products in AI/AN communities
- While smoking prevalence rates have declined for the total US population in recent years, similar trends have not been reported for the AI/AN population. BRFSS data from 1997 reported that 46.2% of AI/AN adults in Idaho, 27.4% of AI/AN adults in Oregon, and 36.3% of AI/AN adults in Washington were current smokers. These figures were substantially higher than the rates documented for the total population of each state (19.8%, 20.7%, and 23.7% for each state respectively).

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